



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/628,935
Applicant : Tony Joseph Abshire
Filed : July 29, 2003
Title : Push Lock
TC/A.U. : 3727
Examiner : Elkins, Gary E.
Docket No. : IPK-022780-US

CERTIFICATE OF MAILING

Commissioner for Patents
P. O. Box 1450
Alexandria, Virginia 22313-1450

S I R:

I, Christine A. Lambert, hereby certify that the attached documents hereto: **Amendment; Amendment Transmittal; check \$750.00**, along with a first-class postage prepaid return receipt card, are being deposited today, **July 20, 2005** with the United States Postal Service with sufficient postage as first-class mail in an envelope addressed to:

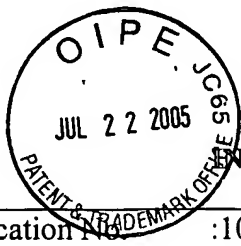
Commissioner for Patents
P. O. Box 1450
Alexandria, Virginia 22313-1450

Christine Lambert
Christine A. Lambert

July 20, 2005
Date

DHL:cal

Dennis H. Lambert & Associates
7000 View Park Drive
Burke, Virginia 22015
Tel: 703-451-1227
Fax: 703-451-1297



Docket No.: IPK-022780-US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.	:10/628,935	TC/A.U.	:3727
Applicant	:Tony Joseph Abshire	Examiner	:ELKINS, Gary E.
Filed	:July 29, 2003		
Title	:PUSH LOCK		

AMENDMENT FEE TRANSMITTAL

Mail Stop: **AMENDMENT**
Commissioner of Patents
P. O. Box 1450
Alexandria, Virginia 22313-1450

SIR:

Transmitted herewith is a communication/response in the above-identified application.

- ☐ Small entity status of this application under 37 C.F.R. 1.27 has been previously established (**by a verified statement previously submitted**).
- ☐ Small entity status under 37 C.F.R. 1.27 is hereby claimed.
- ☒ Also enclosed is/are: Amendment; Amend. Transmittal Letter; Certificate of Mailing; check \$750.00; return receipt card
- ☐ Other:

The fee, if any, has been calculated as shown below:

Fee Basis	Number of Claims After Amendment	Highest Number Prev. Paid For	Extra Claims	Small Entity	Lg. Entity
Total Claims	23 -	20 ¹	=3 ³	X \$25.00	X \$50.00
Independent Claims	6 -	3 ²	= 3 ³	X \$100.00	X \$200.00
<input type="checkbox"/> First Presentation of Proper Multiple Dependent Claim				+ \$180.00	+ \$360.00
TOTAL					\$750.00

1 If less than 20 enter 20

2 If less than 3 enter 3

3 If less than 0 enter 0

- ☐ No additional fee is required for the amendment/response.
- ☒ A check in the amount of \$ 750.00 to cover the additional claim fee is enclosed.
- ☐ Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is attached.
- ☐ The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees due under 37 CFR 1.16 and 37 CFR 1.17, or credit any overpayment, to Deposit Account No. _____. A duplicate copy of this sheet is attached.

Respectfully submitted,

Dennis H. Lambert
Registration No. 25,017

Dated: July 20, 2005
Dennis H. Lambert & Associates
7000 View Park Drive
Burke, Virginia 22015
Tel: 703-451-1227/Fax: 703-451-1297



Appl. No. 10/628,935
 Amdt. Dated
 Reply to Office Action of April 20, 2005

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TC/A.U. : 3727
 Examiner : Elkins, Gary E.

Docket No. : IPK-022780-US

AMENDMENT

Mail Stop: **Amendment**
 Commissioner for Patents
 P. O. Box 1450
 Alexandria, Virginia 22313-1450

S I R:

Responsive to the Office Action mailed **April 20, 2005**, please make the following amendments.

Amendments to the claims begin on page **2** of this paper.

Amendments to the Specification begin on page **9** of this paper.

Remarks/Arguments begin on page **11** of this paper.

07/25/2005 HTECKLU1 00000007 10628935

01 FC:1202	150.00 OP
02 FC:1201	600.00 OP